

	KANSAS STATE FIRE MARSHAL OFFICE 700 SW Jackson, Suite 600 Topeka, KS 66603-3714 Phone (785) 296-3401 Fax (785) 368-6559	200-6 KSFM 2007
APPLICATION FOR EXPLOSIVE STORAGE SITE PERMITS Note: Permit Shall be Available on Site for Review		
1.) Name of User		2.) Application Date:
3.) User Address		4.) Telephone No. (Include Area Code) Business Residence () ()
5.) Kansas User Permit No.		6.) Federal User Permit No.
7.) Mark Appropriate Box New Storage Site <input type="checkbox"/> Renewal Storage Site <input type="checkbox"/>		8.) Expired Storage Permit No. (if applicable)
9.) <input type="checkbox"/> Permanent (Over 500lbs or any quantity more than 90 days) 10.) <input type="checkbox"/> Temporary (50-500lbs and 90 days or less)		
11.) Total Weight of Stored Materials:		
12.) County of Storage:	13.) Address of Storage (Include city/nearest city)	
14.) Describe Exact Location of Storage at Storage Site: <hr/> <hr/> <hr/>		
15.) Contact Person (s) for Emergencies: Name _____ 24 Hr. Phone () _____ Name _____ 24 Hr. Phone () _____ Name _____ 24 Hr. Phone () _____		
16.) Applicants Signature _____		
Following Information to be Completed by Authority Having Jurisdiction 17.) Received By: _____ Date Received: _____		
Following Information to be Completed by State Fire Marshal Inspector or Authority Having Jurisdiction 18.) Inspected By: _____ Date Received: _____		
FOR OFFICE USE ONLY		
Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Reviewed By: _____	Date: _____

NOTE: Notification of Site Activation or Deactivation is Required at least 24 hours in Advance to Authority Having Jurisdiction

One Copy to the State Fire Marshal Office
 One Copy to Local Jurisdiction